



Application for Admission

The \$25 Application Fee is waived when the application is received before June 30.

Receive a \$100 match when application is returned with a \$100 Registration Fee before June 30.

For Office Use
Date Received:
Application Fee:
Date Accepted:

Student Information (please print)

Last Name	First Name	Middle Name	Preferred Name
Social Security Number	Date of Birth	Place of Birth (City, State, & Country)	Gender (M or F) Grade Entering
Mailing Address	City	State	Zip Country
Home Phone Number	Cell Phone Number	Email Address	
Religious Denomination	Baptized (Y or N)	Home Church	

Miscellaneous Information

Ethnic Group: African-American Asian Caucasian
 Hispanic Native American Other

Country of Citizenship _____

Do you have a health condition that would limit your:

Participation in work No Yes (Please Explain)

Participation in athletics No Yes (Please Explain)

Residence: Dorm Community

What is your experience regarding the following:

Smoking	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Currently
Alcohol	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Currently
Narcotics	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Currently
Swearing	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Currently
Felony Conviction	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Currently
School Discipline	<input type="checkbox"/> Suspended <input type="checkbox"/> Expelled

Please describe date of last use, frequency of use or circumstances surrounding any of the previous incidents:

Roommate Preference _____

References

The following people will be submitting references by fax or mail:

Name of Math or English Teacher	Position	School	Phone Number
Name of Additional Teacher, Youth Leader, Etc.	Position	School	Phone Number
Name of Pastor or Church Leader	Position	Church	Phone Number

Application Process Checklist

<p>To Send To Mount Pisgah Academy</p> <ul style="list-style-type: none"> <input type="checkbox"/> Completed Application <input type="checkbox"/> Three (3) Student Recommendation Forms <input type="checkbox"/> \$100 Registration Fee by June 30 to receive matching \$100 or <input type="checkbox"/> \$25 Application Fee after June 30 	<p>Upon Arrival on Campus</p> <ul style="list-style-type: none"> <input type="checkbox"/> Health Inventory & Immunization Records <input type="checkbox"/> Medical Consent Form <input type="checkbox"/> Work Request <input type="checkbox"/> Copy of Birth Certificate and Social Security Card <input type="checkbox"/> Copy of Health Insurance & Pharmacy Card
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Educational Information

Please list the most recent schools first:

School Name	City	State	Phone Number	Grades Attended
School Name	City	State	Phone Number	Grades Attended
School Name	City	State	Phone Number	Grades Attended
School Name	City	State	Phone Number	Grades Attended

Are there any suspected or documented special educational needs? (If yes, please explain) _____

Do you have an unpaid school account? No Yes Where? _____ Amount \$ _____

Family Information

Legal Guardian: Both Parents Father Mother Other Student Resides With: Both Parents Father Mother Other

Father's Last Name	First Name	Spouse's Name		
Father's Mailing Address	City	State	Zip	Country
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address	
Father's Religious Affiliation: <input type="checkbox"/> Baptized SDA <input type="checkbox"/> Non-Baptized SDA <input type="checkbox"/> Other _____				
Mother's Last Name	First Name	Spouse's Name		
Mother's Mailing Address	City	State	Zip	Country
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address	
Mother's Religious Affiliation: <input type="checkbox"/> Baptized SDA <input type="checkbox"/> Non-Baptized SDA <input type="checkbox"/> Other _____				

Contracts

It is my desire to be a student at Mount Pisgah Academy and be a part of a Seventh-day Adventist Christian environment Yes No

I have carefully read the information contained in the Academy Handbook and if accepted, I hereby agree to obey the regulations of the school, as published in the school bulletin and announced by the administration during the school year, and work where I am assigned. I will cooperate in upholding the standards of the school both on and off campus. I hereby pledge to faithfully carry this responsibility as long as I remain a student at Mount Pisgah Academy.

Signature of Student _____ Date _____

I have read the answers to the above questions and find that they are correct. I agree to support the regulations and policies of the school bulletin and those announced by the administration during the school year. I agree to assume the financial responsibility for the student, and to pay bills promptly.

Signature of Parent or Guardian _____ Date _____



Student Medical Examination

75 Academy Drive
 Candler, NC 28715
 828/667.2535 phone
 828/667.0657 fax
 www.pisgah.us

Student Information

Student Name _____ Age _____ Date of Birth _____

Mailing Address _____ City _____ State _____ Zip _____ Country _____

Please indicate below any positive findings on the medical examination or any handicapping disability and describe fully.

- Yes No Head _____
- Yes No Ears, Nose, & Throat _____
- Yes No Eyes _____
- Yes No Respiratory System _____
- Yes No Cardiovascular System _____
- Yes No Hernia _____
- Yes No Genitourinary System _____
- Yes No Extremities _____
- Yes No Metabolic-Endocrine _____
- Yes No Skin _____
- Yes No Other (Please list) _____

Is the student subject to conditions that may cause classroom or school emergencies such as epilepsy, fainting, allergies, asthma, diabetes, or other? If so, please explain _____

Have there been any illnesses, accidents, operations, congenital defects, back problems, or allergies that limit the student's participation in any of the following:

- Yes No Classroom Activities
- Yes No Recreation Activities
- Yes No Physical Labor
- Yes No Physical Education Activities
- Yes No Work Program in Nursing Home

These immunizations are required by North Carolina law and must be in the student's medical file when he/she is enrolled at Mount Pisgah Academy. If a series of immunizations is in progress, please state when the next dose is due. Records from other doctors or the mother's records may be used.

	Date #1	Date #2	Date #3	Date #4	Date #5
DPT*	_____	_____	_____	_____	_____
Td or Tetanus	_____	_____	_____	_____	_____
Polio, Oral*	_____	_____	_____	_____	_____
Rubeola (Measles)	_____	_____	_____	_____	_____
Mumps	_____	_____	_____	_____	_____
Rubella (Germ. Measles)*	_____	_____	_____	_____	_____

* Immunizations required by General Statute 130-87

Physician's Signature

Signature of Physician _____ City, State _____ Date _____



Health Inventory Form

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828/667.2535 phone
828/667.0657 fax
www.pisgah.us

Student Information

Student Name		Age	Date of Birth	
Mailing Address	City	State	Zip	Country
Father's Name		Mother's Name		
Whom to notify in case of illness		Relationship	Phone Number	
Whom to notify in case of illness		Relationship	Phone Number	

Past Illnesses

Please check all those past illnesses that the student has had:

- | | | |
|--|--|--|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Asthma | <input type="checkbox"/> Dust Allergies |

List any other serious illnesses, operations, or injuries and the age when they occurred:

Has this student ever been around anyone known to have TB (Tuberculosis)? Yes No

Has he/she ever been skin tested for TB? Yes No

Has he/she ever had a chest x-ray? Yes No

When did the student last visit the dentist? _____ Yes No

Does the student need to visit the orthodontist? Yes No

Has the student had his/her eyes examined? Yes No Date _____

Does he/she wear contacts or glasses? Yes No

Does the student have allergies? Yes No If so which ones? _____

Is he/she taking medications for allergies? Yes No _____

Is he/she taking medication for any other medical problems? Yes No

State the name of medication and the reason for taking it: _____

Will he/she be taking the medication during the school year? Yes No

Please list any other information helpful to the school program for the student's health: _____

Signatures

Signature of Parent or Guardian	Date
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Medical Consent Form

75 Academy Drive
Candler, NC 28715
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828/667.0657 fax
www.pisgah.us

Insurance Information

Student Name	Social Security Number	Date of Birth		
Name of Insurance	Policy & Group #	Insurance Company Phone Number		
Name of Primary Member	SSN or Member Number	Date of Birth		
Mailing Address	City	State	Zip	Country
Name of Member's Employer	Work Phone Number			

Consent

I hereby authorize and give my consent to the authorities of Mount Pisgah Academy (MPA), to give permission for any necessary medical or surgical treatment to be performed upon my child while he/she is a student at MPA.

I consent to necessary laboratory, x-ray, and other diagnostic and therapeutic procedures necessary for an effective diagnosis and treatment.

The authorities of MPA will make every effort to notify me immediately in the event of any of the above mentioned situations. No medical or surgical treatment will be rendered to the student against his/her personal consent.

I consent to the administration of medications, with the exception of: _____

I consent to my child having over-the-counter medicine in his/her possession. Yes No

My child has the following allergies: _____

I consent to the necessary immunizations as required by the North Carolina State Law and agree to pay for any needed immunizations.

I consent to the policy as outlined in the school handbook, as voted by the Board of Education, stating: "Mount Pisgah Academy. . . reserves the right to ask any student who is suspected of drug or alcohol use to submit to a blood, urine, or hair analysis test. If the student refuses to take the test, it would be probable cause for expulsion. If the test is negative the school will pay the bill. If the test is positive, the parent is responsible for the payment of the charges."

I will be responsible for the medical and pharmacy bills incurred by this student while he/she is enrolled at MPA. I will state any pertinent information such as personal objections and preferences regarding his/her care.

Signatures

Signature of Parent or Guardian _____ Date _____

Signature of Witness _____ Date _____



Work Request Form

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 Candler, NC 28715
 828/667.2535 phone
 828/667.0657 fax
 www.pisgah.us

Mount Pisgah Academy believes the ability to work and carry responsibility is as important as any other aspect of school life. Every student is given a job and graded quarterly.

Students may select three choices from the list below as a work preference. On campus jobs are listed in order from highest to lowest pay. Please rank your choices from 1 to 3. The work coordinator will take these requests into consideration when assigning jobs for the school year. The academy reserves the right to assign a job that best meets the school's needs.

Students who will be receiving matching funds must work at the Pisgah Valley Retirement Community. These jobs are paid higher than on campus jobs.

Beside each work area is a line for you to include any experience that may qualify you to work in the position you are requesting.

Student Information

Student Name	Grade	Date of Birth
Are you requesting financial assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you requesting summer employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Pisgah Valley Retirement Community Job Opportunities

_____ Assisted Living Center -- Dietary*‡ _____ Nursing Home -- Nursing Services*‡ _____ Nursing Home -- Housekeeping*‡ _____ Nursing Home -- Dietary*‡ _____ Nursing Home -- Maintenance‡ _____ Nursing Home -- Laundry‡	_____ _____ _____ _____ _____ _____
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On Campus Job Opportunities

_____ Cafeteria* _____ Maintenance _____ Office Worker _____ Teacher's Assistant / Reader _____ Dormitory -- Janitor* _____ Dormitory -- Monitor*	_____ _____ _____ _____ _____ _____
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*Requires students to work some weekends

‡Requires students to work some breaks